

The Scottish Women's Hospital at Royaumont, France 1914–1919

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ABSTRACT In 1915, under the aegis of the French Red Cross, volunteer medical women from the Scottish Women's Hospital Service for Foreign Service established a hospital at Royaumont Abbey in France, to treat casualties of the First World War. By working as a team comprised of radiologists, bacteriologists and surgeons, they were able to combat gas gangrene and record remarkable results. The circumstances and the way in which the doctors were portrayed in France and Britain prevented them from actively promoting their results to gain wider acceptance. After the War, medical women lost their training and employment opportunities and many left the profession.

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INTRODUCTION

The very first qualified women doctors played an active part during the First World War and it is surprising that contemporary medical historians should write so extensively on the nursing profession but neglect the contribution of women doctors during the period. With the exception of Eileen Crofton and Leah Leneman, there is little detailed study of their scientific work, or any cogent analysis as to why, despite remarkable results in exceptional circumstances, they did not gain long-term recognition within their profession.^{1,2} Prior to the First World War, women doctors were limited to positions linked to women's health, such as paediatrics, obstetrics and gynaecology, and few held consultant posts. The War gave women opportunities to treat men with combat injuries and practise in the fields of surgery, general medicine, radiology, bacteriology and orthopaedics; but was this newly acquired expertise to open doors for women doctors after the War?

In the autumn of 1914, the Abbey of Royaumont in France was transformed into a hospital when women from the Scottish Women's Hospital for Foreign Service (SWH) volunteered to take care of French soldiers wounded in the First World War. This paper analyses the French and British contemporary accounts of the hospital, its doctors and their influence on the women's professional recognition and evaluates how their contribution is remembered today.

A HOSPITAL UNDER THE AEGIS OF THE FRENCH RED CROSS

At the declaration of war, the National Union for Women Suffrage Society (NUWSS), headed by Millicent Garrett Fawcett, resolved to abandon its campaign for

the vote and devote its energy to the war effort. The SWH movement was the brainchild of Dr Elsie Inglis, secretary to the Scottish Federation of Women Suffrage Societies (SFWSS), affiliated to the NUWSS, which was established to provide mobile hospital units for the treatment of the wounded. Fawcett wanted to include the words 'Women's Suffrage' in the name but Dr Inglis feared this would dissuade potential supporters. Despite this, 'NUWSS' appeared on their letterhead and many of their vehicles. Not all women who volunteered were in favour of the suffrage movement even if the hospital was often described as the 'hospital of the Scottish suffragists' in the French contemporary press. Suffragists espoused law change by legal means but in France the SWH women were often referred to as 'suffragettes'; the term assigned to those who defied the law for their cause, such as Emmeline Pankhurst.³ Days after war was declared, the SWH committee organised two 100 bedded units, each entirely staffed by women, and offered these to the War Office and the British Red Cross but both turned them down. Undeterred, the women successfully offered their services to the French and Belgian Red Cross and, with the help of the Vicomtesse de La Panouse, wife of the French military attaché at the French embassy in London, they set out in search of a suitable venue in France.

Royaumont Abbey was the property of Edouard Gouin, a rich industrialist and philanthropist who, unable to fight due to poor health, offered the Abbey to the French Red Cross for the care of the wounded. The medieval grandeur was impressive but the women were horrified at the state of the building where damp and dust betrayed many years of total neglect and there was little heating, no electricity or running water. Littlejohn, the cook, wrote to her fiancé:

The inside rather appals one at first, it's so very large and so many odd staircases; in fact it is very eerie, especially as there is no light anywhere at the moment and as you know a candle doesn't give much...The room I had felt very musty and in the morning my dress felt so damp I was afraid to get into it...¹

Disconcerted but not discouraged, the women set to work and within a few weeks they transformed the Abbey into a fully operational voluntary hospital; or, if the patients were to be believed, the best hospital in France!⁴ As a French Red Cross hospital, Royaumont had no connection with the British medical services and the soldiers treated there were mostly French with some Senegalese and North Africans from the French colonial troops. Royaumont was not the first all women unit in France and the SWH volunteers were not unique. Doctors, such as Louisa Garrett Anderson and Flora Murray (Women's Hospital Corps) and Florence Stoney (Women's Imperial Service League) had set up similar units in Paris and Boulogne but the largest organisation was the SWH. There were other SWH units in Serbia, Greece, Romania and Corsica, but Royaumont was the largest British voluntary hospital, second nearest to the front line and the only one to operate continuously from January 1915 to March 1919 and, as such, it provides a microcosm for our understanding of the contribution of women doctors during that period.

Royaumont, or Hôpital Auxiliaire 301, received the wounded from the Western Front who arrived by train to the evacuation station in Creil only 12 km away. It could be described as a base hospital, a clearing hospital or indeed a rehabilitation hospital as its function and size (100 to 600 beds) evolved to adapt to the different phases of the conflict. The Royal Army Medical Corps also altered their approach to deal with far more serious cases than expected and British clearing hospitals near the front were transformed into Casualty Clearing Stations where surgeons were allowed to carry out advanced surgical work with specialist equipment and hold the wounded for a month before transferring them back to base.⁵ Military hospitals worked in teams; there was a limit of 150 admissions per day per hospital and each surgeon was on shift for 16 hours on the first night and then 12 hours out of 24 thereafter.⁶ At Royaumont, there was no take over by fresh teams of surgeons or any possibility of transferring the wounded to another hospital nearby. During the Battle of the Somme, the surgeons and doctors (typically four of them at any one time) worked for eight days with only 16 hours sleep.¹ When faced with loss of electricity they had to perform surgery by candlelight.

The research undertaken at Royaumont focused on the treatment of gas gangrene, particularly the use of X-ray and bacteriology for diagnosis and the use of surgery (debridement of the affected tissue) and antiserum



FIGURE 1 Open air treatment in the cloisters

therapy. Diagnosis and treatment involved the input of a surgeon, a radiologist and a bacteriologist and Dr Henry, one of the surgeons at Royaumont, postulated that it was this cooperation of different branches of the profession which allowed them to fight infection and avoid unnecessary amputations.⁷

The hospital was renowned for its fully equipped mobile X-ray car. This state-of-the-art vehicle was manufactured by Austins for the London branch of the NUWSS at a cost of £300 (around £24,000 today). Marie Curie advised on the installation of the X-ray equipment, which included a dark room with independent water and electricity supply. The car almost didn't make it to Royaumont as it was impounded by the British military who wanted to keep it for themselves. One advantage was that it could provide X-ray facilities to other hospitals in the vicinity.

Open air wound treatment was implemented at Royaumont when doctors noticed that patients accommodated outside, for want of space during busy periods, recovered more quickly. Exposure to sunlight and the outdoors helped heal their wounds so, between May and October, beds were wheeled into the cloisters.

THE REPRESENTATION OF THE SWH DOCTORS IN FRANCE DURING THE WAR: ROMANTICISM, RELIGION AND PATRIOTISM

During the First World War, the French Government ruthlessly censored all printed material until 1919.⁸ Contemporaneous accounts such as De Navarro's 1917 history of the SWH at Royaumont and Helys' article for a French Catholic publication depicted the French authorities as positively welcoming to the SWH women.^{4,9} This is not borne out by the Comtesse de Courson's article in the *Revue Hebdomadaire* in 1918 or the recent interview with the proprietor of Royaumont Abbey, Mme Daudy, whose father Henri Gouin was 14 at the start of the War.^{10,11} The women's arrival was



FIGURE 2 Dr Frances Ivens surrounded by soldiers at a medal award ceremony at Royaumont Abbey

greeted with much scepticism and resistance and they struggled right from the start to obtain recognition. Darrow described how the French authorities were suspicious and sometimes hostile to women volunteers, including their own nationals.¹² Yet, before the War, one of the first French Red Cross organisations, the Société de Secours Aux Blessés Militaires, had been the main proponent of wartime service for women, claiming that Germany had triumphed in 1870 through the use of 'feminine hands'.¹² In consequence, 'Feminine assistance in wartime' featured prominently as a favourite topic at Red Cross conferences and fundraising events in France in the period leading up to the First World War.¹² The Red Cross influence may have allayed some of the French military reservations vis à vis the SWH women although Dr Nicholson depicted their unit as 'unwanted'.¹ Understandably, the French authorities required the doctors to prove their medical credentials and obtain military permits to collect the wounded but there was much resistance to women driving at all, let alone in a war zone. Mme Daudy commented on the admiration her father had for the women doctors but described the contempt of the French army, explaining how eminent military personalities, such as Maréchal Joffre, visited the hospital and signed the visitors book as expected but with lacklustre enthusiasm.¹¹ Indeed Joffre twice sent a representative, Lt Colonel Rampson, who wrote on his behalf: 'From the General Joffre to his brave soldiers

wounded in the North'. It may be that protocol dictated the form but the lack of appreciation for the doctors' voluntary contribution, especially in the early days of the hospital, is noteworthy.¹³ While the visitors book could give the impression that senior military personnel showed great interest in the work of the SWH doctors, the purpose of their frequent visits was to bestow decorations on the wounded. Official perceptions changed markedly after 1916 with the 'Big Push' of the Battle of the Somme when the SWH doctors established their competence in the face of mass casualties. In his tribute in 1918, General Descoing wrote: 'We will never be able to express adequately to the Scottish ladies at Royaumont and Villers Cotterêt [a field ambulance established by the Royaumont doctors in 1917] our gratitude for their devotion to the French wounded'.¹⁴

There is a striking uniformity in the portrayal of the SWH doctors to the public. Recurring themes include social class, medical competence, discipline, devotion, religious morality and patriotism. The ethos of the Red Cross is palpable, with the women expected to be totally devoted, patriotic and equal to their male counterparts but without resorting to violence or jeopardising their femininity. Comtesse de Courson, an eulogist of the French Red Cross, referred to the women as well-bred or *bien-née*, qualified surgeons very well respected in their own country.¹⁰ She admitted that the idea of women alone running a hospital would initially have been greeted with astonishment in France, but she reassured her French readers of the doctors' competence and social acceptability. She lauded their seriousness and described the hospital as a paradise; a religious metaphor which features in other accounts where, because of their devotion, doctors are compared to the biblical characters Martha and Mary.¹⁵ Such religious undertones are not unexpected in a country steeped in Catholicism and where the Red Cross saw the role of its protagonists as 'healers of body and soul'.¹²

To uphold the morale of its citizens, the French Government actively called French writers to 'register their talents in the service of the nation by publishing uplifting literature'.¹⁶ Royaumont was described as 'an enchanting spectacle', 'a place of joy and peace', 'an ideal summer retreat', where 'life has become totally exquisite'.^{10,17,18} A far cry from the grim reality of stench, infection and amputation. Helys is alone in referring to the soldiers' suffering, albeit in a romantic way, 'The Scottish women have sown with their hands amidst suffering, the golden flowers which bloomed with spring in the fields of Royaumont'.⁹

In 1917, a short silent film about the SWH hospital at Villers Cotterêt was produced. According to the Scottish Screen Archives, it was commissioned by the NUWSS in 1917 in an effort to raise funds.¹⁹ Crofton

suggested that the film was ordered by the British Ministry of Information to show the French how the British participated in the war effort but she didn't adduce any evidence.¹ The 'VC Film', as it was known to the SWH women, was later attributed to the Etablissements Gaumont, a well-known French cinematographic company and it was used by the French Army in 1918 as propaganda.²⁰ Whatever its provenance, the film was derided by the SWH women when shown years later at a reunion of the Friends of Royaumont. Dr Frances Ivens, the Chief Medical Officer in charge of Royaumont, said 'it made her blood run cold'.¹ The women did not recognise themselves or their work, as their medical achievements were turned into a staged and artificial account, with unfailingly smiling characters wearing beautifully starched uniforms.

The heavily censored and patriotic nature of the accounts is illustrated in the reporting of a visit to Royaumont by the French president, M Poincaré, and his wife, on 20th September 1916 and the translated version of De Navarro's history of the hospital. It is evident that the near identical scripts used by newspapers to report Poincaré's visit were vetted, if not imposed, by the censors. All three national articles made much of the Scottish origin of the women, erroneously linking them to a non-existent Scottish Red Cross.²¹⁻²³ Not only do they strip Dr Ivens of her medical title by referring to her as 'Miss', they misspelt her name as Irvens. A similar report in the local newspaper, *l'Echo Pontoisien*, again referred to 'Miss Irvens', thereby replicating the mistakes found in the national press.²⁴ The visitors book entry consists merely of the presidential couple's signatures, which suggests that this was an official military and governmental public relations exercise intended to boost the morale of the soldiers and the nation.

There are significant omissions in the French translation of De Navarro's account, including two chapters on medical treatment and another describing individual patients.²⁵ The translator's aim was to give a positive picture of the hospital to their French readers. Even in 1918, when Dr Ivens wished to publish her research in the British press, she had to obtain permission from General Sieur of the French military medical services. Two years later, despite her fluent French, her results were presented to the Société de Chirurgie de Paris by a third party, Dr P. Delbet.²⁶

Lucie Bérrillon, a teacher and nursing college professor in Paris, portrayed the SWH doctors' political ideology in a benign and unthreatening manner describing how they were not intent on rebelling but were dedicated to their social duty. De Courson, Gerald and Helys were eager to dissociate the women from the disreputable 'suffragette' movement. Gerald explained that 'these suffragists who should not be confused with the suffragettes... did not break windows but filled the



FIGURE 3 The crowded refectory after an offensive. Note two soldiers in a bed due to lack of space.

universities'.¹⁵ De Courson warned against confusing the Scottish women with suffragettes 'whose violence has rightly shocked the French'.¹⁰ The French attitude to suffragists was not negative, as evidenced by Bérrillon's description of the SWH women: 'To the surprise of the public they are suffragists! That is the most enlightened of feminists.'¹⁷ This is echoed by De Courson 'they are as per their name "feminists" in the purest sense of the word'.¹⁰ During the War, the French viewed the suffragist movement as a legitimate and respectable 'powerful organisation for the protection, the moral assistance and social emancipation of women in Britain'.¹⁵ French deputies voted in favour of women suffrage in 1919 but, with a change of government, this was overturned by the Senate in 1922 and France was the last European country to grant women the vote in 1944.

THE REPRESENTATION OF THE SWH DOCTORS IN BRITAIN DURING THE WAR: FUNDRAISING, RECRUITMENT AND PATRIOTISM

British accounts differ from the romantic and benign image portrayed in France. The objective was threefold: fundraising for the SWH, recruiting volunteers and cultivating national patriotism.

The hospitals were entirely funded by British, American and Canadian donations and fundraising was the responsibility of the SWH Committee. The Royaumont doctors reported to the Edinburgh-based SWH committee appointed by the Scottish branch of the NUWSS. The influence of the suffragist movement was organisational and strategic rather than political. It involved drafting press releases for the national, local and medical press, monitoring press cuttings and fundraising which relied on a national network of NUWSS paid fundraisers. The public image of the SWH was one of efficiency and thrift, to reassure donors that funds were put to good use. De Navarro described

how 'the cheapest of bedding was chosen' and 'flock was described as a rich man's prerogative, in comparison with the grass mattresses selected'.⁴

In November 1914, *The Scotsman* published the minutes of a meeting of the Executive Committee of the SFWSS held in Glasgow. The minutes listed donations and enthusiastically described the units set for France: 'The personnel and equipment of two hospital units was already complete and ready to start at a moment's notice' and 'the uniform of grey with Gordon tartan facings is smart and business-like'.²⁷ Yet Crofton related how unhappy Dr Inglis was about the uniform 'the stuff is shoddy and sewing coming undone', a feeling echoed by Dr Ivens 'It is a mercy Royaumont is in the country for we could not go out of doors in Paris!'¹ Considering the primitive accommodation, *The Scotsman* described the Abbey in over-optimistic terms: '...the house, with a new drainage system, a good supply of hot and cold water and electric light is eminently suited for a hospital'.²⁷ In fact, the French military failed the hospital on first inspection. The article ends with an appeal for more funds, clothes and bandages. The tone is optimistic and ambitious: 'Dr Inglis is confident from the manner in which the public have supported the scheme and from the numerous offers of qualified assistance from doctors, surgeons and nurses that it can be widely extended'.²⁷ An abridged version appeared the same day in the *Glasgow Herald*, suggesting a concerted campaign.

In her 1917 article on 'The Part Played by British Medical Women in the War' for the *British Medical Journal*, Dr Ivens was equally positive about the SWH at Royaumont: 'Although within sounds of the guns, its architectural beauty and the forest scenery in the neighbourhood made it an ideal spot in which the wounded soldiers could forget for a time the horrors and discomfort of war'.²⁸ She lauded her radiologist Dr Savill for making do with so little:

This space was promptly fitted as a developing room, but experience in the first months proved that it was possible to turn out good work without all the luxuries and conveniences to which students trained in medical schools are accustomed.²⁸

Dr Ivens brushed over the failed inspection, stating that 'After inspection by the Service de Santé, the hospital was opened on January 13th, 1915, as Hôpital Auxiliaire 301, fully equipped for the reception of surgical cases'.²⁸ This omission was deliberate, Leneman documented the embarrassment of the SWH Committee in the face of this rejection 'We want to show 'something attempted, something done'...we must keep dark about this and trust that the French authorities will pass more premises'.² This relentless quest for support meant that the public representation of events differed from experience on the ground.



FIGURE 4 Ambulances, with the chauffeur in her long coat standing in front

London teaching hospitals began to accept women and a stream of articles appeared in national and provincial newspapers and in the medical press to attract female students. Medical students raised money for the SWH in the hope of joining a unit upon qualifying.²⁹ Speaking to them at the Royal Free Hospital School of Medicine for Women in 1917, Dr Louisa Garrett Anderson (daughter of Elizabeth, pioneer of medical education for women, a suffragette and Chief Surgeon of the Women's Hospital Corps) cited Dr Ivens' work at Royaumont suggesting that: 'They should not show a preference for scientific seclusion when there was a demand for their services for public work. Ambition need not be a selfish thing'.³⁰ Dr Ivens applauded women doctors 'who had not shrunk from personal risk and hardship...bringing modern scientific methods to bear on the novel clinical problems of this war'.²⁸ This rhetoric aimed at future recruits alluded to the fundamental research taking place at Royaumont. If emancipation could not be achieved through the ballot box, scientific endeavour was presented as an alternative.

The visit by Poincaré to Royaumont was exploited to the full in the *Daily Mail*: 'Before he left for Paris, President Poincaré thanked the staff of the hospital for the work they were doing for France...British women who have volunteered for this special service to the wounded soldiers of our ally'.³¹ In contrast to the French accounts of the presidential visit (which was purely ceremonial), much emphasis was given to the medical treatment of the wounded:

...[P]ieces of grenade and shell extracted, the infected wounds cleaned up and drained, and the smashed bones put up in the wonderful extension splints and gallows that give such a strange appearance to the wards of a war hospital nowadays, the men looked wonderfully comfortable and contented.³¹

The French military medals bestowed upon the Royaumont doctors in 1916 made headlines in the

national, regional and medical press following a news release from the SWH press office.³² Dr Ivens could not obtain a commission as a doctor in the British Army, but, by the end of the War, she was granted a formal appointment within the French military and, together with six other doctors, was awarded the Croix de Guerre by the French Government. The British were clearly proud of this honouring of their women doctors yet there is no mention of the hospital in the British Official Medical History of the War and no medals were awarded to the staff by the British government.¹ Maybe this is because they were not treating British casualties or were working in a voluntary capacity under the French Red Cross. Mayhew, in her study of the wounded, deplores how auxiliary medical trades such as stretcher bearers are all but invisible in the Official Medical Histories of the war despite their vital contribution.³³

Dr Ivens is loyal to her country and shows no rancour towards the British Government or the military who shunned women doctors. Eluding controversy, she explains why British medical women volunteered abroad, 'the British Red Cross and the War Office were at that time amply supplied'.²⁸ In reality, at the outset of the War, the British Government would not countenance army commissions for women doctors and there was no alternative but for them to volunteer directly to the Allies.

Presentation of their medical research

In her presentation to the Royal Society of Medicine in 1916, Dr Savill showed how an analysis of the X-rays (skiagrams) could indicate the presence of gas gangrene infection, before the bacteriological reports or the advent of symptoms.³⁴ In 1917, she suggested that 'it would be of great use to the wounded if these observations are confirmed by other radiologists'; clearly an attempt to rally fellow researchers.³⁵ Dr Ivens described her research on three different occasions during the War and again in 1939. EJ Dalyell published in the *British Medical Journal* in 1917 on the presence of *B. oedematiens* in cases of gas gangrene and Dr Henry presented her MD thesis on the treatment of wounds in 1920. Both Dr Ivens and Dr Savill's presentations to the Royal Society of Medicine were reviewed in the *British Medical Journal*. A search of subsequent issues of the *British Medical Journal* and *The Lancet* up to 1918 yields a number of articles on the use of X-ray for the diagnosis of gas gangrene but these do not refer to the work by Ivens or Savill. Yet there are precedents of new treatment being adopted during the War. Whitehead described how the Carrel-Dakin method of cleansing wounds with a sodium hypochlorite solution was widely adopted in military hospitals in 1917.³⁶ Alexis Carrel worked with Henry Drysdale Dakin at a temporary military hospital in Compiègne, not far from Royaumont Abbey. Geddes suggested that the work of the SWH doctors at Royaumont was never recognised by the British army

because of the hostility from War Office staff.³⁷ According to the visitors book, at least eight high ranking British military medical personnel visited Royaumont between 1915 and 1917, yet a report issued in 1917 by the Consulting Surgeon to the British Armies in France on the development of British surgery in hospitals in France does not refer to the work carried out at Royaumont.³⁸

WOMEN DOCTORS AFTER THE WAR

In 1914, Dr Elizabeth Garrett Anderson, the first woman to qualify as a physician in Britain, said to the SWH doctors: 'My dears, if you are successful over this work you will have carried women's profession forward a hundred years.' At the end of the War, Winston Churchill, then Secretary of State for War, described the SWH in a letter to AF Whyte, Member of Parliament:

The record of their work in Russia and Rumania lit up by the fame of Elsie Inglis will shine in history. Their achievements in France and Serbia and Greece and other theatres were no less valuable, and no body of women has won higher reputation for organizing power and for efficacy in works of mercy.³⁹

In 1916, Dr Weinberg, an eminent professor at the Pasteur Institute in Paris, who supplied antisera to the Royaumont doctors, gave a lecture to medical professionals in Glasgow in which he stated that he could not imagine any activity on the part of women which would so effectively further their cause as the work at the SWH women.³⁹ Three years later, Dr Ivens addressed medical students in London starting thus: 'There is a great opportunity coming for medical women'.⁴⁰ In reality, the SWH doctors' achievements did nothing to enhance their position in medicine after the war. Post-war legislation required professional women, including medical women, to give up their employment when they married. In protest, and at the instigation of Dr G Miall Smith, who had worked at Royaumont, the Medical Women's Federation set up the Standing Committee for the Defence of Married Medical Women and sent a deputation to the Prime Minister to ask for an amendment of the Sex Disqualification Bill.⁴¹ Furthermore, many of the London hospitals that had admitted women students during the War reversed this policy, and only University College Hospital and the Royal Free Hospital accepted women after the War. Dr Louisa Aldrich-Blake who worked at Royaumont during her summer holidays of 1915 and 1916 was appointed to the consulting staff at the Royal Free Hospital as a surgeon. In 1925, Dr Ivens criticised those few medical schools which still admitted women for denying them access to resident hospital appointments.⁴² As today, the first hospital appointment at a teaching hospital was the requisite starting point to a successful hospital based career. Women doctors had gained equal pay with men



FIGURE 5 The operating theatre

but lost their training opportunities, most returned to their pre-war employment and many were forced into positions which men found unappealing, e.g. in mental institutions, public health and missionary work abroad. This was true of the Royaumont doctors and, despite several of them gaining higher qualifications, few worked in general practice and apart from Dr Aldrich-Blake only three continued to practise surgery albeit in obstetrics and gynaecology. It is difficult to establish whether women naturally gravitated towards their traditional roles, looking after women and children, or whether they had no choice because of career constraints.

When the Royaumont unit disbanded in 1919, the women set up the Royaumont Association to maintain and strengthen their wartime comradeship. Nathalie Le Gonidec, archivist at Royaumont, described how a half-hearted attempt at forming another SWH unit at Royaumont on the eve of the Second World War faltered, probably because of the different theatre of warfare in 1939 and because, left uninhabited, the abbey was unsuitable for the medical requirements of the 1930s.⁴³ No evidence could be found of any involvement of the SWH movement anywhere in France during the Second World War. By 1950, members of the committee of the Royaumont Association were concerned that their contribution was being forgotten in France so they asked Dr Savill to write to Henri Gouin, Royaumont's proprietor, for permission to erect a commemorative plaque in the grounds of the abbey. Dr Savill deplored 'how soon history is forgotten!' She recalled that during her last visit to the area in 1933 locals and visitors to the abbey had never heard of the 'Dames Ecosaises'.⁴⁴

In 1922, the Royaumont Association funded a monument which was erected at a crossroads near the Abbey in memory of the soldiers, civilians and medical personnel who died at the SWH hospitals at Royaumont and Villers Cotterêt during the conflict and this remains the focus for local reminiscences. Each Armistice Day a wreath is laid there and, in 1968, a commemorative article to mark the 50th anniversary of the end of the War was featured

in a local newspaper.⁴⁵ Written by the Maire, it was formal and factual, listing all the dignitaries in attendance and relating the history of the monument. There was no specific reference to the hospital or the work of the Royaumont doctors.

Thirty years later, an event was held at the Abbey to commemorate 'The Scottish Women's Hospital and their work during the First World War' and to celebrate 80 years since the Armistice. The press coverage in three local newspapers could not have been more different to the Maire's account, with a shift of emphasis away from formality in favour of historical analysis and description. All three articles are suffused with Dr Crofton's influence.⁴⁶⁻⁴⁸

When Princess Anne went to Royaumont in February 2005 to plant a rowan tree to commemorate the work of the SWH women, *Le Parisien* ran a piece entitled 'Homage Royal aux infirmières Ecosaises'.⁴⁹ This detailed the surgery performed on the soldiers and the statistical results of the hospital but gave the impression that there were no doctors, only nurses, at Royaumont. *The Scotsman* had announced the event thus 'Tribute to Scots own Florence Nightingale' (referring to Dr Elsie Inglis, the Scottish Founder of the SWH). Again no mention was made of Dr Ivens or the medical work carried out at Royaumont.⁵⁰ As we mark the centenary of the beginning of the First World War, it is pleasing to learn that the wartime contribution of the SWH women at Royaumont has recently been commemorated in a panel of the Scottish Diaspora Tapestry, but regrettable that at Royaumont Abbey in France, there are no plans to commemorate the wartime contribution of the SWH women.

CONCLUSION

The SWH movement gave medical women a unique opportunity to widen their expertise and doctors at Royaumont Abbey made significant advances in the treatment of gas gangrene using a combination of radiology, bacteriology and surgery to diagnose and treat wounded soldiers. However, professional ambition and political activism on the part of medical women were anathema to the countries they served. In France, the press, restricted by government censorship and influenced by the ethos of the Red Cross, portrayed the women as benign, self-sacrificing and patriotic figures. In Britain the women answered to the SWH committee and depended on it for funding. Beholden to the organisations under which they served in France and in Britain the doctors had to forgo an unparalleled opportunity to promote their scientific achievements and their status within the profession. After the War, changes in legislation and medical education reversed British women's access to a medical career. Most of the Royaumont doctors returned to their pre-war positions

and some left the profession altogether. Today, the women's medical contribution is in danger of being forgotten, particularly in France, thereby realising Dr Savill's greatest fears. Leneman's assessment that the SWH was unique but not a precursor to anything is undeniably true.²

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